



WINNIPEG HOUSING REHABILITATION CORPORATION

A Non-Profit Charitable Corporation

Winnipeg Housing Rehabilitation Corporation

Application Requirements

Please note: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

REQUIRED DOCUMENTS FOR APPLICATION:

1)

Option 'C' - Proof of Income Statement

from Revenue Canada. To acquire a copy, please call:

1-800-959-8281

Also available online at:

<http://www.cra-arc.gc.ca/>

Assistance is also available at any:

Service Canada Center

Once approved - your application will be put on the WHRC waiting list.

Should any of your information change, it is your responsibility to notify WHRC.

Example: Change of address or phone number

When an apartment becomes available, you will be contacted to view - within two days.

Full security deposit (half market rent) is required to hold suite after viewing and accepting.

Lease signing will be confirmed with your Property Manager prior to move in.

Please return completed application with required documents in person to:

Winnipeg Housing Rehabilitation Corporation
104 - 60 Frances Street
Winnipeg, Manitoba R3A 1B5

2)

Proof of Income:

Two consecutive current paystubs

Pension Statement, two bank statements

E.I.A. Budget letter, E.I statements

3)

Two Pieces of Photo Identification:

For all individual 18 & over, applying.

4)

\$22.00 - Credit Report Fee

To acquire a free credit report, photo copy two pieces of I.D. and fax or mail to:

Trans Union of Canada Inc.

Attention: Consumer Relations

3115 Harvester Road,

Suite 201 Burlington ON L7N3N8

Fax: 905-527-0401

"IMPORTANT INFORMATION"

Approved applications will be kept on file for six months. APPLICANTS are required to contact WHRC prior to the end of the sixth month, reconfirming their need ;

will result in the cancellation of the application and removal from the waiting list.

New Canadians:

Applicant not holding Canadian citizenship must provide a: IMM1000; IMM5292; or IMM1442 for each member of the family.

WINNIPEG HOUSING

104-60 Frances Street, Winnipeg, Manitoba R3A 1B5 Phone: 204-949-2880

APPLICATION FOR HOUSING

(Please print)

APPLICANT: _____
(first name) (initial) (last name)

Social Insurance #: _____ Date of Birth: _____

Phone Res. _____ Cell Phone: _____ Work Phone _____

Current Address _____ Rent _____ Own _____

City/Town: _____ Province: _____ Postal Code: _____

Name of Landlord: _____ Phone Number: _____

Employment Status: Employed _____ E.I. _____ EIA _____ Pension _____

Employer: _____

Are you a Canadian Citizen? _____ YES _____ NO

Marital Status: Married _____ Common Law _____ Single _____ Widow(er) _____ Divorced _____

(Spouse/co-applicant please complete the following)

Spouse/co-applicant: _____
(first name) (initial) (last name)

Social Insurance # _____ Date of Birth: _____

Employment Status: Employed _____ E.I. _____ EIA _____ Pension _____

Employer: _____

DECLARATION OF GROSS MONTHLY INCOME

ATTACH ALL SUPPORTING DOCUMENTS FOR EACH INCOME EARNER AND SOURCE OF INCOME.

DATE

APPLICANT

CO-APPLICANT/SPOUSE

Indicate by "YES" or "NO" which of the following **are included** in your rent:

Heat ____ Hydro ____ Water ____ Fridge ____ Stove ____ Parking ____ Furniture ____

Other _____ Do you require accessible housing? ____ YES ____ NO

APPLICANT Receiving Employment & Income Assistance Benefits

Worker's Name _____ Office Location _____

Worker's Phone Number _____ Worker's Email _____

Case Number _____

FAMILY INFORMATION

List all persons who will be living in the household.

NAME	BIRTHDATE	GENDER M/F	RELATIONSHIP

Next of Kin: (in case of emergency)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

LANDLORD INFORMATION:

APPLICANT:

Previous Address: _____

Name of landlord: _____ Phone Number: _____

Length of tenancy: _____

If less than 5 years at above address

Previous Address: _____

Name of Landlord: _____

Move in date: _____ Move out date: _____

AUTHORIZATION AND DECLARATION

I/we understand this application does not constitute an agreement on the part of Winnipeg Housing Rehabilitation Corporation or its agent to provide me/us with rental accommodation.

I/we acknowledge this application becomes the property of Winnipeg Housing Rehabilitation Corporation upon delivery by me/us to it or its agent.

I/we further acknowledge the right of Winnipeg Housing Rehabilitation Corporation or its agent at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we certify the information given in this application is true, correct, and complete in every respect fully disclosing my/our income from all sources. False information will result in this application being declined or will terminate your tenancy once you move in based on false information.

Personal information is collected by Winnipeg Housing Rehabilitation Corporation and will be used to establish eligibility for rental housing. It is protected under The Personal Information protection and Electronic documents act (PIPEDA).

I/we hereby authorize Winnipeg Housing Rehabilitation Corporation to conduct a personal investigation including past and present landlord reference checks.

Applicant name: _____ Applicant signature _____

Co-Applicant name _____ Co-Applicant/Spouse _____

Date _____

TRANS UNION OF CANADA, INC

CONSUMER RELATIONS – INFORMATION FORM

TO ENABLE OUR CONSULTANTS TO ID YOUR FILE PLEASE COMPLETE THIS FORM IN FULL.
PLEASE PRINT

NAME: _____
FIRST MIDDLE LAST

NAME OF SPOUSE: _____ TELEPHONE #: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

CURRENT ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS?: _____ YEARS: _____ MONTHS: _____

PREVIOUS ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOW LONG AT THIS ADDRESS: _____

PRESENT/PREVIOUS EMPLOYER: _____

LEMGTH OF EMPLOYMENT: _____

WERE YOU REFUSED CREDIT AT ANY TIME: YES _____ NO _____

IF YES, PLEASE LIST: _____

NAME OF COMPANY: _____

CONTACT: _____

TELEPHONE #: _____ FAX #: _____

I AM THE PERSON NAMED ABOVE AND I UNDERSTAND I COULD BE PROSECUTED UNDER FEDERAL OR
PROVINCIAL LEGISLATION FOR OBTAINING INFORMATION FROM A CONSUMER REPORTING AGENCY BY
FRAUDULENT MEANS OR UNDER FALSE PRETENCES.

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY

OPERATOR: _____ CODE: _____ DATE: _____

REGULAR: _____ RUSH: _____ TIME: _____

ID 1: _____ ID 2: _____



WINNIPEG HOUSING REHABILITATION CORPORATION

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REQUEST FOR LANDLORD RENTAL REFERENCE

ATTENTION: _____ COMPANY: _____

FAX / EMAIL: _____ DATE: _____

Applicant's name: _____ Address: _____

Move-in date: _____ Move-out date: _____

Number of lease holders: _____ Number of occupants: _____

Rent amount & utilities included: _____

	YES	NO
Has the tenant paid the rent in full and on time each month?		
If no to the above, has the rent been paid late frequently?		
Does the tenant owe any outstanding arrears?		
Have there been histories of NSF cheques? If yes, how often?		
Have there been histories of nuisance & disturbance issues?		
If yes to the above, has there been any police involvement?		
Has the tenant ever been served a Notice of Termination? If yes, how many?		
Did the tenant give proper notice to vacate?		
Was the suite left in satisfactory condition after the tenant vacated?		
Does the tenant have any pets that you're aware of?		
Has the tenant's suite ever been treated for bed bugs?		
If yes to the above, did the tenant comply with instructions prepping for treatment?		
Would you rent to this tenant again?		

Additional comments:

Reference completed by: _____ Position: _____

PROTECTION OF PRIVACY: Your family's personal information is collected by WHRC and will be used to determine your household's eligibility for tenancy, to administer tenant agreements and to prevent and detect fraud. Your information is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

The undersigned consents to the disclosure of any personal information that may be required for the purpose of determining or verifying eligibility for tenancy as well as any future collection requirements. I / We authorize any person, agency, organization or financial institution to release or exchange information for these purposes. I / We understand this consent includes requests pertaining to employment, income, liabilities, resources, family status and my standing with current or previous landlords.

I / WE HEREBY AUTHORIZE YOU TO CONDUCT A PERSONAL INVESTIGATION ON THE APPLICANTS HEREIN

Applicant's Signature: _____ Applicant's Signature: _____

Date: _____

Date: _____